HUSBAND: Charles Newton DUNYON (AFN:3ZSD-NN)

BORN: 8 Nov 1906 PLACE: Draper, Sl, UT — LDS ORDINANCE DATA
CHR.: PLACE: — B: 15 Aug 1915
DIED: 15 May 1948 PLACE: — E: 27 Oct 1958
BUR.: PLACE: — SP: BUC
MAR.: PLACE: — SS:
FATHER: Isaac John DUNYON (AFN:26F6-JD)
MOTHER: Martha Jane BROWN (AFN:1CB8-T7)
OTHER WIVES:

WIFE: LIVING (AFN:CGHT-FK)

BORN: LIVING PLACE:
CHR.: PLACE: — B:
DIED: PLACE: — E:
BUR.: PLACE: — SP:
FATHER:
MOTHER:
OTHER HUSBANDS:

Sex CHILDREN

1. NAME:
---- BORN: PLACE: — B:
CHR.: PLACE: — E:
DIED: PLACE: — SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: — SS:

2. NAME:
---- BORN: PLACE: — B:
CHR.: PLACE: — E:
DIED: PLACE: — SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: — SS:

3. NAME:
---- BORN: PLACE: — B:
CHR.: PLACE: — E:
DIED: PLACE: — SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: — SS:

4. NAME:
---- BORN: PLACE: — B:
CHR.: PLACE: — E:
DIED: PLACE: — SP:
BUR.: PLACE:
SPOUSE:
MAR.: PLACE: — SS:

Codes: AFN=Ancestral File Number B=Baptized E=Endowed SS=Sealed to Spouse SP=Sealed to Parents

Note: If you Do Not want information about this Medicare claim released to the above upon its request, check (X) the following block ☐

6 I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient *(See instructions on reverse where patient is unable to sign)*	Date signed
SIGN HERE ➡ Signature on file. Original attached.	1-7-80

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given (if lab service, indicate if automated)	Procedure Code	D. Nature of illness or injury requiring services or supplies	E. Charges *(If related to unusual circumstances explain in 7C)*	Leave Blank
1-1-80	0	Office Call	90060	Acute Respitory Infection	16.00	
1-4-80	0	Office Call	90050	Follow up	$ 10.00	

PEDIGREE CHART

CHART NO. ______

DATE 9/21/92

NAME OF PERSON SUBMITTING CHART

STREET ADDRESS

CITY STATE

NO. 1 ON THIS CHART IS THE SAME PERSON AS NO. ______ ON CHART NO. ______

1 Maxine CURRY
BORN
WHERE
WHEN MARRIED
DIED
WHERE

Charles DUNYAN
NAME OF HUSBAND OR WIFE

SOURCES OF INFORMATION

2 George P CURRY
BORN 2 Aug 1887
WHERE Antwerp, Jefferson, N.Y.
WHEN MARRIED 29 Dec 1909 (div)
DIED 9 Nov 1946
WHERE

3 LeNora May HORNER
BORN 3 May 1889
WHERE Heber, Wasatch, Utah
DIED 27 June 1963
WHERE

4 Peter George CURRY
BORN 5 Jan 1849
WHERE Cornwall, N Canada
WHEN MARRIED
DIED 23 Apr 1926
WHERE Waterton, Jefferson, New York

5 Catherine NOWLAND
BORN 5 May 1858
WHERE HaLena N.Y.
DIED 1 Mar 1895
WHERE Antwerp, Jefferson, NY

6 William Eaton HORNER Jr.
BORN
WHERE
WHEN MARRIED
DIED
WHERE

7 Amanda Jane SMITH
BORN
WHERE
DIED
WHERE

8 George CURRY
BORN 1823
WHERE
WHEN MARRIED
DIED
WHERE

9 Catherine YOUNG
BORN
WHERE
DIED
WHERE

10 Peter NOWLAND
BORN
WHERE
WHEN MARRIED
DIED
WHERE

11 Katherine KAGNAN
BORN
WHERE
DIED
WHERE

12
BORN
WHERE
WHEN MARRIED
DIED
WHERE

13
BORN
WHERE
DIED
WHERE

14
BORN
WHERE
WHEN MARRIED
DIED
WHERE

15
BORN
WHERE
DIED
WHERE

16 CONT. ON CHART ______
17 CONT. ON CHART ______
18 CONT. ON CHART ______
19 CONT. ON CHART ______
20 CONT. ON CHART ______
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31 CONT. ON CHART ______

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